

Pre-Authorization Summary

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130101
 Report Period End Date: 20130331

BAYOU HEALTH Reporting

Document ID: PQ188 v.2 11/20/2012
 Document Name: **PRIOR AUTHORIZATION & PRE-CER SUMMARY REPORT**
 Reporting Frequency: Quarterly
 Report Due Date: 30th day of the month following end of reporting period
 File Type: Excel
 Subject Matter: Quality (Q)

Amerigroup Louisiana, Inc.

Pre-Authorization Summary - All Outpatient Pre-Authorization requests for LA members for the reporting period.					Standard Authorizations					Expedited Authorizations	
Plan ID	Type of Service ¹	Total Requested	Total Approved	Total Denied	Total Requested	% Determined in 2 Business Days	% Determined in 14 Business Days	% Determined in 28 Business Days	% DME Determined in 25 days	Total Requested	% complete within 72 hours
	Totals	9153	7867	1286	8957	96.65%	3.20%	0.03%	100.00%	57	100.00%
2162519	DME	126	97	29	124	96.77%	3.23%	0.00%	100.00%	0	0.00%
2162519	Orthotics/Prosthetics	881	625	256	834	86.33%	12.95%	0.00%		0	0.00%
2162519	Behavioral Health	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162519	Home Health	30	7	23	22	100.00%	0.00%	0.00%		0	0.00%
2162519	Notification	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162519	Therapy	1780	1612	168	1743	97.76%	1.95%	0.11%		0	0.00%
2162519	Radiology	2555	2191	364	2539	100.00%	0.00%	0.00%		0	0.00%
2162519	Other	3781	3335	446	3695	96.13%	3.82%	0.03%		57	100.00%

¹ Type of Service including DME (prepaid only), CT, MRI, Home Health, Physical Therapy, etc

² Standard Authorizations are elective procedures not including OB

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Pre-Authorization Summary - All Outpatient Pre-Authorization requests for LA members for the reporting period.					Standard Authorizations				Expedited Authorizations	
Plan ID	Type of Service ¹	Total Requested	Total Approved	Total Denied	Total Requested	% Determined in 2 Business Days	% Determined in 14 Business Days	% Determined in 28 Business Days	Total Requested	% complete within 72 hours
Totals										
2162519	approved contacts	8	8	0	8	100%	0	0	0	100%
2162519	approved frame	1	1	0	1	100%	0	0	0	100%
2162519	approved Hi Index	2	2	0	2	100%	0	0	0	100%
2162519	approved poly lenses	22	22	0	22	100%	0	0	0	100%
2162519	Approved Polycarbonate	29	29	0	29	100%	0	0	0	100%
2162519	approved prism	1	1	0	1	100%	0	0	0	100%
2162519	Hi Index lenses	1	1	0	1	100%	0	0	0	100%
2162519	poly lenses	70	70	0	70	100%	0	0	0	100%
2162519	Benefit Expired 1-31-13	1	0	1	1	100%	0	0	0	100%
2162519	Does not meet criterion for medical n	1	0	1	1	100%	0	0	0	100%
2162519	Duplicate Auth - Pending Review for P	1	0	1	1	100%	0	0	0	100%
2162519	Maackenzie Breaux	1	0	1	1	100%	0	0	0	100%
2162519	Poly lenses - no medical necessity	31	0	31	31	100%	0	0	0	100%
2162519	Requested Chart notes not received	1	0	1	1	100%	0	0	0	100%

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Pre-Authorization Summary - All Outpatient Pre-Authorization requests for LA members for the reporting period.

Standard Authorizations

Expedited Authorizations

Plan ID	Type of Service ¹	Total Requested	Total Approved	Total Denied	Total Requested	% Determined in 2 Business Days	% Determined in 14 Business Days	% Determined in 28 Business Days	DME - % determined within 25 days	Total Requested	% complete within 72 hours
	Totals										
2162519	DME	2520	2520	0	1349	70%	99%	99%	99%	1171	100%
2162519	Home Health	1623	1623	0	1623	97%	100%	100%		0	0%
2162519	Pharmacy	1214	1214	0	1214	88%	100%	100%		0	0%

PQ188 Attachment 1: Pre-Authorization Denial Detail

Health Plan ID: 2162519

Health Plan Name: Amerigroup Louisiana, Inc.

Health Plan Contact: ***

Contact Email: Kim.Chope@amerigroup.com

Report Period Start Date: 20130101

Report Period End Date: 20130331

Pre-Authorization OutPatient Denial Detail

Amerigroup Louisiana, Inc.				
PLAN ID	Type Of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162519	DME	LD01	Not medically necessary	20
2162519	DME	LD08	Non-covered service / benefit	6
2162519	DME	LD03	Failure to preauth	2
2162519	DME	LD04	Lack of information	1
2162519	HOME HEALTH	LD01	Not medically necessary	8
2162519	HOME HEALTH	LD03	Failure to preauth	8
2162519	HOME HEALTH	LD09	Benefit exhausted	7
2162519	ORTHOTICS/PROSTHETICS	LD01	Not medically necessary	186
2162519	ORTHOTICS/PROSTHETICS	LD03	Failure to preauth	42
2162519	ORTHOTICS/PROSTHETICS	LD11	Service available in network	26
2162519	ORTHOTICS/PROSTHETICS	LD04	Lack of information	1
2162519	ORTHOTICS/PROSTHETICS	LD08	Non-covered service / benefit	1
2162519	OTHER	LD01	Not medically necessary	197
2162519	OTHER	LD11	Service available in network	160
2162519	OTHER	LD03	Failure to preauth	32
2162519	OTHER	LD08	Non-covered service / benefit	30
2162519	OTHER	RNEI	RX Only - Insuff clinical info	10
2162519	OTHER	LD09	Benefit exhausted	5
2162519	OTHER	LD04	Lack of information	5
2162519	OTHER	LD02	Late notification of admit	2

Amerigroup Louisiana, Inc.				
PLAN ID	Type Of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162519	OTHER	DS01	Not medically necessary	1
2162519	OTHER	DS03	Failure to preauth	1
2162519	OTHER	DS08	Non-covered service / benefit	1
2162519	OTHER	RSTP	RX Only-Undoc'd form alt fails	1
2162519	OTHER	LD12	Other carrier responsibility	1
2162519	RADIOLOGY	LD01	Not medically necessary	339
2162519	RADIOLOGY	LD04	Lack of information	25
2162519	THERAPY	LD01	Not medically necessary	120
2162519	THERAPY	LD03	Failure to preauth	26
2162519	THERAPY	LD04	Lack of information	11
2162519	THERAPY	LD11	Service available in network	7
2162519	THERAPY	LD02	Late notification of admit	4

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PLAN ID	Type Of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162519	Benefit Expired 1-31-13			1
2162519	Does not meet criterion for medical necessity			1
2162519	Duplicate Auth - Pending Review for Poly lenses			1
2162519	Poly lenses - no medical necessity			31
2162519	Requested Chart notes not received			1

Univita no data to report

Pre-Certification Summary

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130101
 Report Period End Date: 20130331

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Document ID: PQ188 v.2 11/20/2012
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Amerigroup Louisiana, Inc.

Pre-Certification Summary					Standard Authorizations				Concurrent Review			Post Service Authorizations	
Plan ID	Type of Service	Total Days Requested	Total Days Approved	Total Days Denied	Total Requested	% determined within 2 Business days	% determined within 14 Business days	% determined within 28 Business days	Total Requested	% complete within 1 Business days	% complete within 2 Business days	Total Requested	% complete within 30 Days
2162519	Totals	15,640	14,642	998	412	100%	0%	0%	4492	99%	1%	1286	100%
2162519	Acute	14,605	13,611	994	314	100%	0%	0%	4444	99%	1%	1265	100%
2162519	Sub Acute	80	80	0	7	100%	0%	0%	4	100%	0%	2	100%
2162519	Skilled	0	0	0	0	0%	0%	0%	0	0%	0%	0	0%
2162519	LTAC	471	467	4	35	100%	0%	0%	29	97%	3%	13	100%
2162519	Rehab	484	484	0	56	100%	0%	0%	15	100%	0%	6	100%

¹ Standard Authorizations are elective procedures not including OB

Concurrent Authorizations are inclusive to initial review for medical necessity.

eyeQuest no data to report

PQ188 Attachment 2: Pre-Certification Denial Detail

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130101
 Report Period End Date: 20130331

Amerigroup Louisiana, Inc.				
Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
2162519	Acute	DD01	Not medically necessary	375
2162519	Acute	DD02	Late notification of admit	136
2162519	Acute	DD03	Lack of information	9
2162519	Acute	DD05	Delay in care / services	2
2162519	Acute	DD07	Non-covered service / benefit	1
2162519	Acute	DD12	Observation	11
2162519	LTAC	DD01	Not medically necessary	1

eyeQuest no data to report

Univita no data to report

PQ188_INPatient_Outlier

AUTH NUMBER	AUTH TYPE	DHH LEVEL OF CARE	RECEIVE DATE	DECISION DATE	SERVICING PROVIDER NAME	# Of Business Days Out Of Compliance	Review
C00790534	Concurrent Subsequent	Acute	01/10/2013	01/15/2013	01461564	1	NURSE PROCESS
C00822389	Concurrent Initial	Acute	01/21/2013	01/25/2013	10030814	1	LATE PEND TO MD
C00823041	Concurrent Initial	Acute	01/21/2013	01/25/2013	10030814	1	LATE PEND TO MD

PQ188_OUTPatient_Outlier

AUTH NUMBER	AUTH TYPE	RECEIVE DATE	DECISION DATE	SERVICING PROVIDER NAME	DHH TYPE OF SERVICE	ID Of Business Days Out Of Compliance	Review
103458929	Standard Subsequent	03/20/2013	04/18/2013	North Oaks Medical Center, LLC	THERAPY	7	Nurse delay